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Chairwomen Miller and Congressman Lynch on behalf of those who's lives have been impacted by the illegal use and abuse of prescription pain killers I want to thank for your significant commitment and hard work on this issue and for the opportunity to testify here today.

My name is John McGahan and I am the Executive Director of the Gavin Foundation. The Foundation operates several residential drug rehabilitation programs in the South Boston community. In 1964 the Gavin House opened its doors and over the next three decades the concentration was placed upon treating alcoholic men 40-50 years of age. Since then the entire landscape of substance abuse treatment has changed.

In the late eighties early nineties treatment became more complex because cocaine was the rage and attracted younger clientele. Treatment approaches were altered to allow for this deviation. Just as we thought that it couldn't get any worse OxyContin hit the streets.

Our response has to been to expand services to accommodate an even younger clientele and the overall increased demand for treatment. The Foundation responded to this need in 1996 by creating the Total Immersion Program in partnership with South Boston District Court. This program focuses on individuals who's criminal activity is clearly substance abuse related.

As the flow of prescription painkillers continues to infiltrate the streets of South Boston the foundation has expanded services to include Cushing House a 12 bed adolescent recovery home for boys in 1999. This program was expanded to 16 beds in 2004 and we are currently building an addition to accommodate 12 adolescent females. Unfortunately, even with our current growth pattern we are unable to provide services to many families that are being devastated as a result prescription painkiller abuse.

Experiences with treating abusers of prescription painkiller particularly the drug OxyContin have shown that this opiate-based pain reliever is a predominate precursor to heroin use. In fact every single opiate addicted participant of our program began to abuse OxyContin before becoming addicted to heroin.

The legal price of OxyCotin is significantly marked-up when sold on the street. At the current rate of 1 dollar per milligram an OC (the street name for OxyContin) is sold as an OC 40 for \$40.00 or OC 80 for \$80.00. Clients report having habits the cost as much as \$200.00 a day.

Some OxyContin users so glorify the effects of the drug that younger siblings and their friends are often coaxed into its use or are recruited as a way to get money for their own use. This permeation results in an unbridled spread of its use. As users become addicted the dose needed to get high or to simply not to get sick continues to increase.

Addiction is inevitable with regular use. OxyContin becomes a critical need, just to feel normal. Stealing to afford the continuous use of the drug is commonplace. Family, friends, neighbors and business are all victimized – no one is immune to these larcenous attacks.

Inevitably, the exorbitant cost of OxyContin and the absolute need for relief of withdrawal pain leads an OxyContin user to the cheaper and very effective remedy: heroin. Heroin is one tenth the cost of OxyContin.

Heroin, now, becomes the drug of choice. The stigma attached to its use has blurred for the user, particularly when viewed as an alternative to high priced prescription pain relievers. Many heroin addicts recall saying that they would never use heroin but the day came when they didn't have enough money for OxyContin and switched to heroin. When this happens often the stigma attached to heroin by the non user results in family members abandoning the addict and leaving them to live on the streets.

Overdoses, once feared as an ultimate test of an addicts commitment to drug use, are now commonplace. Emergency responses to overdose has risen dramatically in recent years in South Boston according to the Boston Public Health Commission statistics.

The ancillary medical consequences are severe. Oxycontin and other pain relievers are commonly purchased in its pill form and crushed. It is then snorted or liquefied and injected intravenously. These methods of use increase the chances of the contraction of HIV/AIDS and, increasingly, Hepatitis-C. The incidence of Hepatitis-C has exploded in South Boston affecting clients in all our programs.

Cushing House Case Example of a South Boston Family

We received a referral in May, 2000 from the South Boston Probation Department for an 18 year old male who was illegally using OxyContin and Klonipin that was being charged with a civil disobedience. We interviewed "Mike" that day and sent him to a medical detoxification unit. Once Mike had medical clearance he was placed in a Transitional Support Service program while waiting for a treatment bed.

Mike entered our program on June 12th. Mike was fully participating in the treatment process and had reached the second phase of treatment. Residents in this phase of treatment are reintegrated into the community either through an educational/vocational programs or employment. Mike was working during the day and participating in group therapy, individual counseling and self-help groups in the evening. On August 23rd Mike was discharged from the program and referred back to the criminal justice system. There was no specific test for OxyContin at that time. His discharged was recorded in the general class of opiate.

The probation department placed Mike in an Intense Outpatient Program (IOP) pending his trial. He also participated in our program's alumni relapse prevention group. It was at this group he reported that he was again abusing opiates daily and needed a referral for detox.

The case manager with Mike's permission communicated with the probation department the situation and he was again placed in a detoxification unit and subsequently reentered our program on September 11th.

Mike completed the program on March 3rd, 2001. While in treatment he achieved his General Equivalence Diploma (GED) and completed a Culinary Arts Certificate program. The criminal charges were dropped upon completion of the program and Mike has been an active participant of our alumni group ever since.

Mike has achieved much success as a result of maintaining sobriety. This success is shared by his parents who were extremely supportive throughout the treatment process. During the certificate ceremony to celebrate Mike's graduation from the residential component of the program his 14 year old brother asked to speak with me in private. I brought him into my office where he began to cry and asked, "can you do for me what you did for my brother." I suggested that we let everyone enjoy the day and that I would speak with his parents the next day. When the family was leaving Mike's mom said to me, "don't take this the wrong way but I hope we don't see you for awhile."

The next day I called Mike's father and asked him to come and speak with me; he came right in. I had to deliver the bad news that his youngest son "Steve" was using prescription painkillers. Because Steve was only 14 and not yet a daily user I referred them to outpatient counseling.

Steve continued to use and now his addiction was interfering with family functions and school work. It is worth noting that Steve was enrolled in the test school, Latin Academy, one of Boston's most prestigious public high school. Steve missed so many days of school due to his addiction that he did not pass the seventh grade.

It became obvious that Steve was in need of more intensive treatment and was referred to a detoxification unit and entered our program on June 12, 2001. Steve participated in all aspects of the program and good progress was noted. He successfully completed the program on December 7th of that year.

While in the treatment Steve was enrolled in a special educational program that allowed him to condense the 7th and 8th grades together so that he could rejoin his classmates in the 9th grade. He successfully completed that program and was prepared to rejoin his classmates in the fall.

Unfortunately, Steve began to abuse painkillers before the summer was over. His relapse to prescription painkillers and specifically OxyContin quickly turned into heroin abuse because he could not afford his \$80.00 a day habit. Steve reported that he felt like he didn't fit in anywhere, he couldn't relate to people his own age and felt that he was too young to get sober. He stated that he just wanted to be a kid but that had been robbed of his youth.

Steve went to detox and reentered our program on August 8th 2002. He left the program against the treatment team's advice on October 10th 2002 because he didn't think he needed help and could do it on his own.

I want to remind you that he has a brother at home who is trying to maintain sobriety. He also has an older sister attending high school and two loving parents who both work and are doing their best to hold the family together. We can only imagine the day to day tension and stress this family has had to endure which all began with the abuse of prescription painkillers.

Steve relapsed almost immediately upon leaving the program. Our case manager continued to work with his parents through our family support group and a referral was made to a short term treatment facility in the western part of the state.

After completing the short term program Steve returned to Cushing House for one hundred and ninety one (191) days. He graduated on July 7th 2003 and now has over two years of continues sobriety. He is a productive member of society and an active member of our alumni group.

This is the story of one of the lucky families, that is if you call having family members in and out of treatment for three plus years, being involved in the courts, having your children settle for GED's and countless nights wondering where your children are and if they're alive - lucky.

As a treatment provider and resident of the South Boston community I could tell you countless stories of families who have not been so lucky and lost love ones to the streets, jails and overdoses.

Thank you.